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## Clinical Pearls

*Clinical Pearls help prepare residents for the future by providing them with top tips from experts about what they should know about specific, key subject areas by the time they complete their residency.*

# Optimizing the genital exam for yourself and your female patients

Bethanee Schlosser, MD, PhD

Genital examination causes angst for patient and physician alike. We tend to avoid things that make us uncomfortable, but action is the antidote to anxiety. With a little bit of time, an organized approach, and a willingness to thoughtfully consider the optimal experience, you can become proficient and confident in performing genital exams. Here are some tips to get you started.

### 1. Set yourself up for success

Adequate directional lighting is essential. The patient's positioning should allow visual inspection of the entire genital area; for females, the ideal is either the frog-leg position or for adults, the dorsal lithotomy position using stirrups. The prone knee-to-chest position is not recommended as it limits the patient's visibility and may increase feelings of vulnerability.

### 2. Choose your words (and facial expressions) wisely

We must be mindful of the verbal and nonverbal messages we send. Your patients likely won't use, and may not understand, anatomically appropriate terms for genitalia. Listen to your patient. Adjust the words you use for genital anatomy by coopting her words. Be mindful of your facial expressions as you talk with and examine your patient. Your nonjudgmental, yet compassionate, facial expression can go a long way in inspiring confidence, engendering trust, and providing comfort to your patient.

### 3. Develop a systematic approach

Having an organized approach helps ensure that nothing gets missed and allows you to focus on your patient's exam findings. I recommend working from the outside toward the midline from anterior to posterior — start with the medial thighs, progressing to inguinal creases, labia majora, interlabial creases, labia minora, and vaginal vestibule; examine the mons pubis, then vulva, perineum, and finally perianal skin. Starting in “less sensitive” areas reduces anxiety and builds confidence for both you and your patient.

### 4. Look for the normal, the abnormal, and the absent

You'll need to discern whether exam findings are normal or abnormal, physiologic or pathologic, incidental or relevant. Female anatomy varies significantly over the lifespan, so you need to school yourself in normal, and the total body skin exam is a great way to accom-

plish this. You'll need to recognize abnormal findings (erythema, dyspigmentation, erosion, fissure, etc.), and equally importantly, you'll need to recognize the absence of structures (clitoral hood, clitoris, labia minora) due to agglutination (scarring).

### 5. Mirror, mirror...in my hand

Genital examination inherently makes patients vulnerable. Empower your patient by providing her with a hand mirror to follow along during the exam and point out areas of symptoms and concern helping to ensure you're “on the same page.” This low-tech tool can also help educate your patient about the signs and severity of disease and how to utilize any prescribed therapies.

### 6. You don't need to (and probably shouldn't) go it alone

Irrespective of sex/gender identification concordance of patient and physician, it is generally recommended that a chaperone be present during any sensitive physical examination (i.e., genital, breast). The chaperone should be discrete, and her positioning should afford the patient as much privacy as possible. You should know and abide by your institutional, practice, and legal requirements and norms regarding the use of chaperones during exams.

### References:

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